

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538 902

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				4		
6				4		
7				4		
8			1			
9				1		
10				2		
11				2		
12				2		
13				2		
14				2		
15				2		
16			1			
17			1			
18			1			
19				1		
20			1			
21			1			
22			1			
23				1		
24				1		
25				1		
26			1			
27				1		
28				1		
29				1		
30				1		
31				1		
32			1			
33				1		
34				2		
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48						
49						
50						
TOTAL IND.		↓	10	↓		↓
TOTAL DEP.		←	40	←		←
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						